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Diseased and Removed Tonsils in Farm Families

Studies on Susceptibility to Poliomyelitis



CONTENTS

	Page
Physical impairments of members of low-income farm families—11,490 persons in 2,477 Farm Security Administration borrower families, 1940.	
IV. Defective tonsils and adenoids. Mary Gover and Jesse B. Yaukey.	693
Studies on susceptibility to poliomyelitis. Charles Armstrong and Dorland J. Davis.....	610

PREVALENCE OF DISEASE

United States:

Reports from States for week ended June 2, 1945, and comparison with former years.....	715
Weekly reports from cities:	
City reports for week ended May 26, 1945.....	718
Rates, by geographic divisions, for a group of selected cities.....	720
Territories and possessions:	
Hawaii Territory—Plague (human).....	721
Puerto Rico—Notifiable diseases—4 weeks ended May 19, 1945..	721

* * *

Deaths during week ended May 26, 1945.....	721
--	-----

Foreign Reports:

Canada—Provinces—Communicable diseases—Week ended May 12, 1945.....	722
Italy—Sicily—Typhoid and paratyphoid fever and undulant fever...	722
Jamaica—Notifiable diseases—4 weeks ended May 5, 1945.....	722
New Zealand—Notifiable diseases—4 weeks ended April 21, 1945....	723
Sweden—Notifiable diseases—February 1945.....	723
Reports of cholera, plague, smallpox, typhus fever, and yellow fever received during the current week—	
Plague.....	723
Smallpox.....	723
Typhus fever.....	724

(II)

Public Health Reports

Vol. 60 • JUNE 22, 1945 • No. 25

PHYSICAL IMPAIRMENTS OF MEMBERS OF LOW-INCOME FARM FAMILIES—11,490 PERSONS IN 2,477 FARM SECURITY ADMINISTRATION BORROWER FAMILIES, 1940¹

IV. DEFECTIVE TONSILS AND ADENOIDS

By MARY GOVER, *Associate Statistician*, and JESSE B. YAUKEY, *Statistician*,
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This series of studies is based on physical examination findings for members of low-income farm families in the United States. The prevalence of impairments and chronic diseases as found for samples of our low-income farm population in eastern, central, and southern sections of the country will, it is hoped, be somewhat of a contribution to our knowledge of the normal individual in a population group for which there is little specific information of this sort at the present time. In the absence of a control urban group available data from other sources have been assembled for comparison with the physical examination findings for the low-income farm families.

SOURCE OF THE DATA

During the period November 1939 through November 1940 the Farm Security Administration made general physical examinations of the members of borrower families residing in selected areas in connection with the health aspects of their rehabilitation program. The physical examinations were conducted by physicians assembled mainly from colleges or universities located in the various sections. The same professional staff frequently worked in adjacent areas. Eye, ear, nose, and throat examinations were made by appropriate spe-

¹ From the Division of Public Health Methods, U. S. Public Health Service, in cooperation with the Farm Security Administration, Department of Agriculture. Mr. Yaukey is detailed to the Farm Security Administration.

This is the fourth in a series of papers dealing with physical defects found on examination of members of low-income farm families residing in 19 localities in the United States. The physical findings of the examinations were coded and transferred to punchcards by the Farm Security Administration under the direct supervision of Mr. Jesse B. Yaukey. The data were subsequently made available to the U. S. Public Health Service. Acknowledgment is made to Dr. S. D. Collins for critical suggestions and advice throughout the preparation of the studies.

cialists, children under 15 years of age were examined by pediatricians, the men by internists, and the women by gynecologists. The mental age tests were conducted by groups of psychologists, and dentists made the dental examinations. The examinations were not made primarily for statistical purposes but rather to determine the health status of farmers and their families applying to the Farm Security Administration for rehabilitation loans. An effort was made to keep the examining procedure as uniform as possible but the results, on the whole, must be considered as representing an average opinion of a relatively small number of examining physicians.

The selected localities consisted, usually, of entire counties and practically all Farm Security Administration borrower families residing within the selected counties came to the clinics for examination; among the white families represented at the clinics 91 percent of all members were examined. Thirteen of the selected areas were located in southern States and six in northern or intermediate States. In nine of the southern counties white and Negro families were examined, the examinations of both whites and Negroes being made by the same physicians. The data, therefore, seem favorable for a racial comparison. There may, however, have been some selection of Negro farmers on the basis of good physical condition since loans were made by the Farm Security Administration to farm operators only, and it is reasonable to expect that Negro farm operators are a somewhat more highly selected group than white operators.

The examined population (9,776 whites and 1,714 Negroes) has a comparatively young age distribution, due probably to the fact that relatively young heads of families were selected for rehabilitation loans. On the whole, the age distribution of the examined population does not differ widely in the various localities.

With respect to economic status, the Bureau of Agricultural Economics estimates an average annual net income of \$767 per farm for all farms in 1940, while a comparable average annual net income for all rural rehabilitation farms, estimated by the Farm Security Administration, is \$500 in 1940, or approximately 35 percent less than that for all farms.

A somewhat more detailed account of the characteristics of the examined population can be obtained by reference to a preceding study (9) in this series.

DEFECTIVE TONSILS AND ADENOIDS

That part of the physical examination form used by the Farm Security Administration for recording the condition of the tonsils was as follows:

Tonsils: Normal Absent Partially removed
Diseased: Slight Marked Removal recommended
Adenoids:

The data taken from this examination form, therefore, pertain to diseased tonsils; tonsils enlarged but not thought to be diseased were not recorded. It is well known, however, that physicians differ in their opinion of what constitutes diseased tonsils, and that in spite of an attempt at uniformity the judgments of different examiners will vary widely. In three of the southern localities, involving one examiner, enlarged tonsils not considered to be diseased were entered as such on the record form. In coding these records enlarged but not diseased tonsils have been included, mainly, in the slightly diseased tonsil group. The age distribution of the prevalence of enlarged but not diseased tonsils as recorded in these localities is unknown; but the age-specific prevalence of slightly diseased tonsils is markedly higher under 15 years of age in the three localities where enlargement only is known to have been included. Markedly diseased tonsils in these data, therefore, are thought to have been recorded somewhat more uniformly among the several localities. Recommendations for removal of tonsils were, on the whole, conservative, and were based on a past history of repeated attacks of tonsillitis as well as the appearance of the tonsils. The absence of tonsils was recorded on the examination form; the relatively small number of persons with partially removed tonsils has been included with those who have had their tonsils completely removed.

No specific statement regarding adenoids was called for, but the word "adenoids" on the examination form reminded the examiner to record any observed abnormal condition.

In giving the prevalence of diseased tonsils for all localities combined it has seemed advisable to omit five localities, namely, Okfuskee County, Okla., Panola, Williamson, and Runnels Counties, Tex., and Levy County, Fla. In the first four localities named the recorded prevalence of diseased tonsils is so unusually high, including a recommendation for removal of practically all tonsils, that it seems likely that the standard used in these localities, by the one examiner involved, was markedly dissimilar to that used elsewhere. Levy County, Fla., has been omitted from the total because of the unusually high percentage of tonsils removed at 45 years of age and over. These five localities, however, are included in table 1, where prevalence rates of diseased tonsils are shown in three age groups for separate localities. Aroostook County, Maine, also has been excluded in the rates of slightly diseased tonsils for the North as shown in table 4, because of the extremely high rates recorded in persons over 25 years of age.

Table 1 shows the prevalence of removed, slightly and markedly diseased tonsils, tonsils recommended for removal, and of enlarged

TABLE 1.—Prevalence of defective tonsils and adenoids among white persons in 3 age groups—members of Farm Security Administration borrower families in 19 localities, 1940

Geographic area	State	County	Examined for tonsils and adenoids			Tonsils—						Adenoids enlarged				
						Absent or partially removed		Removal recommended		Markedly diseased		Slightly diseased				
			Under 15 years	15-44 years	45 years and over	Under 15 years	15-44 years and over	Under 15 years	15-44 years and over	Under 15 years	15-44 years and over	Under 15 years	15-44 years and over	Under 15 years	15-44 years and over	45 years and over
			Number			Percent										
New England East North Central West North Central Mountain South Atlantic	Maine	Aroostook	450	298	130	12.2	22.6	6.2	18.2	35.7	10.8	39.6	70.0	17.1	2.4	2.3
	Ohio	Champaign	180	182	64	2.8	10.4	4.2	20.6	20.9	6.3	32.2	6.0	1.6	17.8	8.2
	Indiana	Montgomery	131	141	72	6.9	23.4	3.1	12.2	12.1	6.9	23.7	57.4	50.0	9.2	1.4
	Missouri	Callaway	284	254	131	2.5	10.2	21.7	5.6	22.0	6.9	4.6	39.8	25.2	11.3	1.8
	Nebraska	Howard	249	218	83	8.8	27.5	15.9	22.1	17.9	12.0	18.9	15.6	10.8	11.6	1.8
	Colorado	Phillips	162	165	63	17.9	35.2	5.6	24.1	23.6	20.6	22.2	25.5	22.2	13.9	2.3
	Virginia	Spotsylvania	71	61	36	2.8	6.6	2.7	20.6	31.1	8.1	2.8	19.7	3.3	21.1	42.5
	North Carolina	Avery	98	99	37	7.1	4.8	3.3	20.5	6.2	4.9	3.6	19.2	6.6	24.8	27.9
	South Carolina	Kershaw	307	273	91	4.2	4.8	3.3	18.7	20.2	3.6	19.2	6.6	24.8	27.9	23.0
	Georgia	Worth	278	208	61	7.7	6.7	3.3	18.7	20.2	3.6	19.2	6.6	24.8	27.9	23.0
East South Central	Florida	Lery	891	867	122	5.6	24.5	58.2	35.8	31.1	5.3	26.9	63.8	55.2	25.9	4.9
	Tennessee	Henderson	239	227	65	4.4	2.6	1.5	14.6	32.2	4.6	4.2	14.5	3.1	40.7	47.7
	Mississippi	Carroll	194	165	57	3.6	6.7	—	23.7	10.9	—	23.7	12.7	—	41.8	39.4
	Mississippi	Leflore	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Mississippi	Humphreys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Arkansas	Pope	328	320	85	3	2.8	2.4	31.4	15.3	5.9	8.5	2.8	2.4	62.2	52.8
	Oklahoma	Oklfuskee	248	241	107	1.6	4.1	1.9	87.9	92.1	84.1	72.2	59.3	25.2	20.2	35.3
	Louisiana	Franklin	486	399	106	2.7	10.1	1.9	37.8	11.1	3.8	8.8	4.0	2.8	75.2	48.0
	Texas	Panola	116	128	47	1.7	5.9	—	86.3	90.6	83.0	54.5	25.8	14.9	66.2	70.3
	Texas	Williamson	140	188	61	1.7	9.5	6.6	88.6	88.9	78.7	47.9	24.6	14.8	65.9	77.0
14 localities	Texas	Runnels	122	128	61	5.3	9.5	1.6	81.1	81.7	90.2	61.5	24.1	14.8	35.6	82.0
	Texas	Runnels	3,457	3,010	1,081	4.8	12.2	5.2	22.4	20.0	6.8	11.9	12.8	7.4	40.0	35.7

* One examiner examined ears, nose, and throat in each of the following groups of States: Maine, Missouri, and Virginia; Nebraska and Colorado; Mississippi, Arkansas, and Louisiana; Oklahoma and Texas.

* Recommendations for removal of tonsils were based on a past history of frequent attacks of tonsillitis as well as the appearance of the tonsils.

* The range of the probable errors of the above percentages is:

Tonsils	Under 15 years		15-44 years		45 years and over	
	Percent		Percent		Percent	
Absent or partially removed.....	0.2-2.0	0.6-2.5	0.9-3.1		0.9-3.1	
Removal recommended.....	9-3.7	1.0-4.0	1.3-3.4		1.3-3.4	
Markedly diseased.....	8-3.2	1.7-2.3	0.9-3.5		0.9-3.5	
Slightly diseased.....	1.3-3.3	1.2-4.3	1.1-4.7		1.1-4.7	

* Okfuskee County, Okla., and Panola, Williamson, and Runnels Counties, Tex., have been omitted from the total of all localities since the standard used in these counties was markedly dissimilar to that used elsewhere; Levy County, Fla., has been omitted because of the unusually high percentage of removed tonsils at 45 years of age and over. Percentages for these 5 localities are printed in italics.

adenoids for white persons in 3 age groups in each of 19 localities. Only 5 percent of children under 15 years in a total of 14 localities had had their tonsils removed; and 12 percent of persons 15 to 44 years of age. In 4 localities only, Aroostook County, Maine, Montgomery County, Ind., Howard County, Nebr., and Phillips County, Colo., are there 20 percent or more of persons 15 to 44 years of age who have had their tonsils removed. In the 6 northern localities the percentage of persons who have had their tonsils removed is either the same as or significantly above the average of the 14 localities; while in the 8 southern localities it is the same as or significantly below the average. Variation in the prevalence of diseased tonsils is considerable among the various localities, and is greater for slightly than for markedly diseased. High rates for slightly diseased tonsils show no particular concentration in North or South except for the high rates under 15 years of age recorded for Pope County, Ark., and Franklin Parish, La. High rates for markedly diseased tonsils, however, occur slightly more often in the northern than southern localities.

Tonsillectomy is comparatively rare among members of Farm Security Administration borrower families, particularly in the southern areas (table 4 and fig. 1). Figure 1 shows the age-specific percentage of persons who had had tonsillectomy performed prior to examination for members of northern and southern rural borrower families compared with the same percentages for children from city families of varying family income. The urban percentages (fig. 1) are unpublished data of the Communicable Disease Survey, 1936 (6), and pertain to children of native white heads of families residing in 23 surveyed cities of 100,000 or more population in the northeast, north central, intermediate, and southern sections of the country. The frequency at which tonsillectomy is performed is obviously associated with clinic and hospital facilities available in urban areas; and also with size of family income. Even in the relief group of urban families the percentage of children who have had tonsillectomy performed is higher than the same percentage for children of rural rehabilitation families; the largest relative difference is at 5 to 9 years of age. Among urban families of relief status and among urban families with incomes of \$3,000 or more, 2 and 5 times as many children, respectively, at 5 to 9 years of age, have had tonsillectomy performed as have children of rehabilitation borrower families in northern localities. In southern localities the contrast is even more marked; 13 and 28 times as many urban children of the same income groups, respectively, had had tonsillectomy performed as have children of borrower families. If the percentage of children, 5 to 9 years of age, with tonsils recommended for removal is added to the percentage with tonsils already

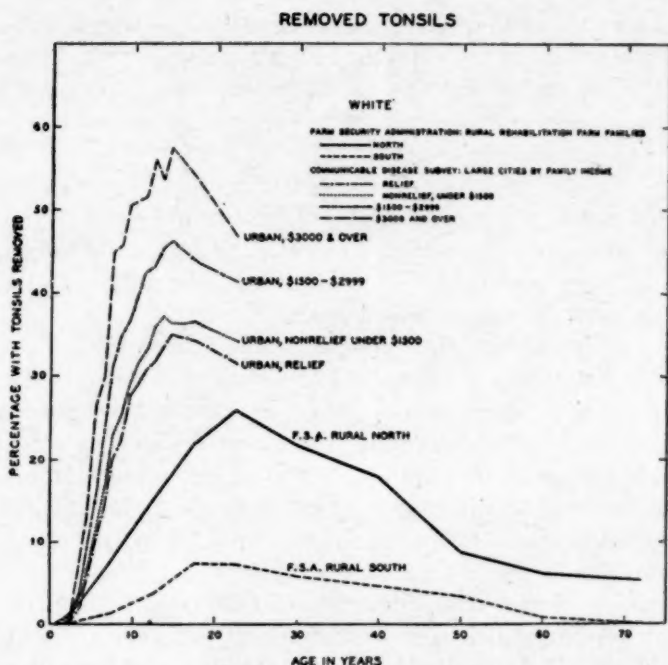


FIGURE 1.—Percentage of persons at specific ages who had had tonsillectomy performed prior to examination or to the date of survey among (1) members of Farm Security Administration borrower families in northern and southern localities, 1940, and (2) children of urban families by size of annual family income, 1936 (unpublished data of the Communicable Disease Survey. Large cities in northeast, north central, intermediate, and southern sections).

removed, northern and southern borrower families show 28 and 33 percent of children, respectively, who according to the opinion of the examining physician should have their tonsils removed. These percentages are in line with the percentages of children of urban families who have had tonsillectomy performed and are exceeded significantly, at 5 to 9 years of age, only for families of \$3,000 or more income.

The age at which tonsillectomy is performed can be approximated from the percentages of persons whose tonsils were removed prior to examination by subtracting these successive age-specific percentages, since increase in prevalence from age to age represents occurrence between those ages. Incidence rates obtained by subtracting successive age-specific prevalence rates may differ from the observed annual incidence for a specific year, since the derived rates represent an average incidence based on all prior years, and also may be influenced by possible time trends in actual incidence rates. This method of calculating age-specific tonsillectomy rates assumes the same rate to prevail from year to year or a uniform change in the rate at every age.

To the extent that this assumption is true the results secured by this method are accurate.² For each income group of the urban data (fig. 1) the maximum current tonsillectomy rate, approximated by subtracting successive age-specific prevalence rates, occurs between 5 and 9 years of age or approximately at 7 years, the age of school entrance. Among children of rehabilitation farm families, however, there is no marked increase in the tonsillectomy rate at the age of school entrance; tonsillectomy was probably performed only in cases of marked illness among these farm children and not, in the majority of cases at least, for minor tonsillar conditions.

Figure 2 shows the annual age-specific incidence of tonsillectomy in northern and southern rural areas for members of Farm Security Administration borrower families and for comparable groups. The Communicable Disease Survey (6) data were secured by a 1-day canvass of selected areas in cities of 100,000 or more inhabitants; annual incidence rates of tonsillectomy have been obtained by subtracting successive age-specific prevalence rates for single years of age as reported on the survey.³ The Communicable Disease Survey was comparatively recent (1936) and shows relatively high rates of tonsillectomy for preschool ages and at school entrance. The Costs of Medical Care (4) data give an annual incidence of tonsillectomy in cities of 100,000 or more population and in rural areas,³ observed during 1928-31; the data were secured by local visiting nurses and therefore pertain to both urban and rural areas provided with visiting nurse services. The Costs of Medical Care data show higher tonsillectomy rates in cities of 100,000 or more population than in rural areas; a marked peak in the rates occurs at 5-9 years of age in both urban and rural areas. The Cattaraugus County, N. Y. (14), data also give the annual incidence of tonsillectomy which occurred in a rural population,³ including only one village of approximately 1,000 inhabitants,

² A very rough index of the rate at which tonsillectomy has been performed in recent decades can be gained from the following table, which gives annual incidence in the Army and Navy during three 5-year periods from 1908 to 1937:

Year	Army (5, 16)	Navy (5, 15)
Annual tonsillectomy rate per 1,000		
1908-12.....	3.1	2.0
1923-27.....	18.9	24.3
1933-37.....	20.0	27.7

The rate at which tonsillectomy was performed in the Army and Navy increased markedly from approximately 1910 to 1925; from 1925 to 1935, however, the observed increase was relatively slight. With respect to the rural rehabilitation families, the tonsillectomy rate is so low that there could scarcely have been a marked time trend in the rate for this group in recent years.

³ Unpublished data.

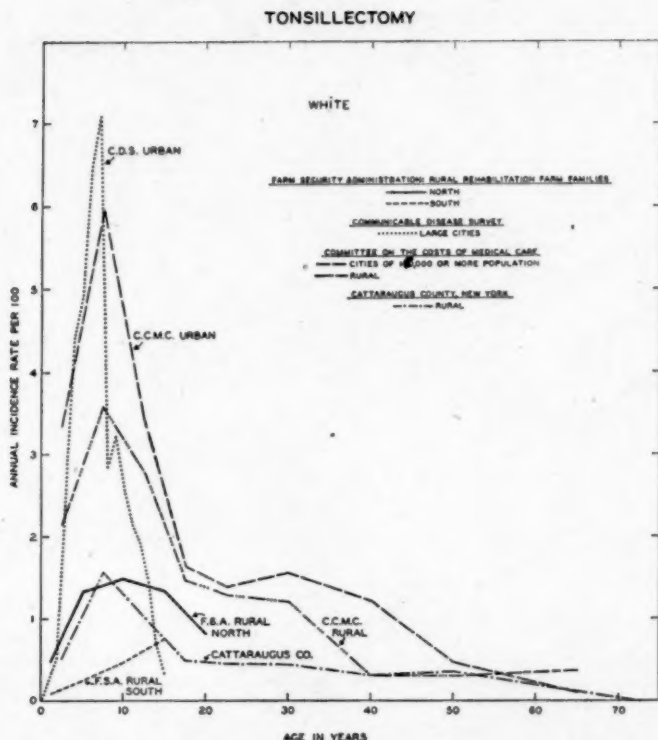


FIGURE 2.—Annual incidence of tonsillectomy at specific ages in urban and rural areas. For the Farm Security Administration examinations and for the Communicable Disease Survey, annual incidence was obtained by subtracting successive age-specific prevalence.

observed during 1929-32. The rate at which tonsillectomy was performed in Cattaraugus County, N. Y., does not differ greatly from that for the northern group of Farm Security Administration borrower families; there may be, however, a somewhat higher rate at 10 to 20 years of age among the borrower families. The annual incidence of tonsillectomy is low in the southern group of Farm Security Administration borrower families and continues to increase until 15 years of age.

The prevalence of enlarged and diseased tonsils among school children reported by different examiners has led to the conclusion that comparisons of absolute values of prevalence rates cannot be made because of the variation in standard of the examining physicians. Relative age curves of the prevalence of diseased tonsils, however, are found to be fairly consistent. Collins (3) combined data from three sources, for preschool, school, and adult ages to obtain a complete relative age curve of the prevalence of enlarged and diseased tonsils. These curves are reproduced in figure 3, the plotted point for each age group representing the ratio of the rate in that age group to the rate for all ages. Figure 3 also contains relative age curves of the prevalence of slightly and markedly diseased tonsils

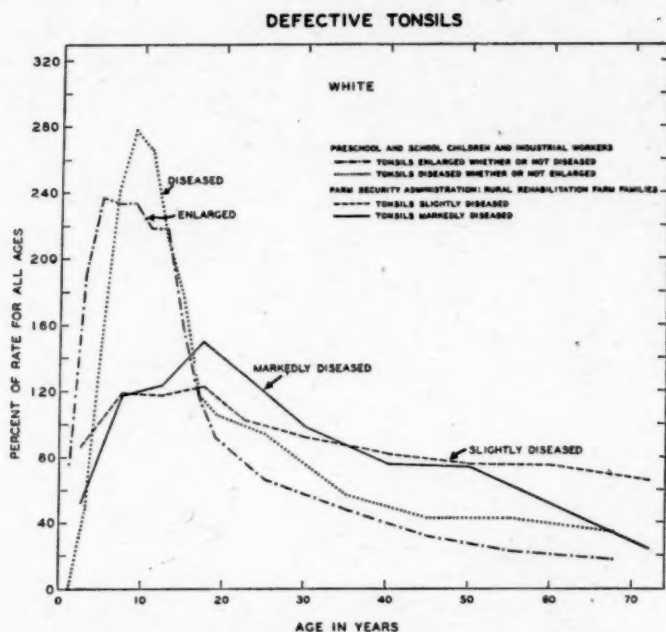


FIGURE 3.—Relative prevalence of defective tonsils at specific ages as found on physical examination: (1) members of Farm Security Administration borrower families, 1940, and (2) composite curves from Collins (3).

(ratio of the rate in each age group to the rate for all ages) as obtained from examinations of members of Farm Security Administration borrower families. The striking difference between the two sets of curves is the relatively low rates under 20 years, or conversely the relatively high rates over 20 years of age in the Farm Security Administration examinations. It must be remembered that the rates as plotted in figure 3 are on an index basis and that the actual rates for diseased tonsils (tables 2, 3A, and 3B) are considerably higher in every age group for the Farm Security Administration examinations than in any of the data which Collins combined to obtain the relative age curve. In Collins' data the prevalence of diseased tonsils increased up to 9 or 10 years of age, decreasing thereafter. In the Farm Security Administration examinations the rates also increase rapidly until 10 years of age; from 10 to 20 years of age prevalence rates for slightly diseased tonsils are practically level, while rates for markedly diseased tonsils increase somewhat. After 10 years of age among the school children reported upon by Collins and after 20 years of age among children of rural rehabilitation farm families the prevalence of diseased tonsils declines in successive age groups. Because of the recorded high prevalence of diseased tonsils among rehabilitation farm families, the continued increase in prevalence from 10 to 20 years, and the relatively high prevalence among

adults over 20 years, it seems not unlikely that the prevalence of diseased tonsils among these low-income farm families is fairly high in comparison with other examined groups and relatively higher among adults than among children.

The prevalence of diseased tonsils probably does not vary greatly in urban and rural areas, especially when differences in the rate at which tonsillectomy has been performed are taken into account. The National Youth Administration (10) health examinations of

TABLE 2.—Prevalence of defective tonsils and adenoids among white persons in specific age groups—members of Farm Security Administration borrower families in a total of 14 localities, 1940¹

Age (years)	Examined for tonsils and adenoids	Tonsils—				Adenoids enlarged
		Absent or partially removed	Removal recom- mended :	Markedly diseased	Slightly diseased	
	Number	Percent				
Both sexes						
All ages.....	7,548	7.8	19.2	11.6	36.5	11.6
Under 5.....	952	.6	9.8	6.1	31.6	11.3
5-9.....	1,209	4.1	27.0	13.7	43.5	25.1
10-14.....	1,296	8.5	27.2	14.4	43.0	22.1
15-19.....	809	13.0	33.7	17.4	45.0	13.2
20-24.....	364	14.8	22.8	15.1	37.4	3.8
25-34.....	883	12.7	14.4	11.4	33.5	2.0
35-44.....	954	10.6	12.7	8.8	29.8	1.9
45-54.....	696	6.0	7.5	8.6	27.6	1.3
55-64.....	277	3.6	6.5	6.1	27.4	2.2
65 and over.....	108	2.8	2.8	2.8	24.1	3.7
Male						
All ages.....	3,835	7.6	19.4	11.6	35.0	11.9
Under 5.....	453	.4	10.2	7.7	30.0	11.5
5-9.....	622	4.5	27.5	14.3	42.6	26.4
10-14.....	665	8.7	27.8	13.4	45.1	22.7
15-19.....	423	11.8	35.7	16.8	46.1	13.5
20-24.....	145	17.2	24.8	17.9	29.0	4.1
25-34.....	405	11.6	14.8	11.6	31.9	1.7
35-44.....	479	11.3	12.9	9.8	25.9	2.5
45-54.....	389	5.4	5.4	7.2	24.4	1.3
55-64.....	181	3.3	5.0	5.0	23.8	1.1
65 and over.....	73	2.7	4.1	4.1	20.5	2.7
Female						
All ages.....	3,713	8.1	19.0	11.5	38.1	11.2
Under 5.....	499	.8	9.4	4.6	33.1	11.2
5-9.....	587	3.6	26.6	13.1	44.5	23.7
10-14.....	631	8.2	26.5	15.5	40.7	21.4
15-19.....	386	14.2	31.6	18.1	43.8	13.0
20-24.....	219	13.2	21.5	13.2	42.9	3.7
25-34.....	478	13.6	14.0	11.3	34.9	2.3
35-44.....	475	9.9	12.4	7.8	33.7	1.3
45-54.....	307	6.8	10.1	10.4	31.6	1.3
55-64.....	96	4.2	9.4	8.3	34.4	4.2
65 and over.....	35	2.9			31.4	5.7

¹ The 14 localities are as listed in table 1 exclusive of Levy County, Fla., Okfuskee County, Okla., and Panola, Williamson, and Runnels Counties, Tex.

² Recommendations for removal of tonsils were based on a past history of frequent attacks of tonsillitis as well as the appearance of the tonsils.

TABLE 3A.—Prevalence of defective tonsils among white children in specific age groups—data comparable with the Farm Security Administration examination of tonsils

Age (years)	Preschool children ¹		Age (years)	School children ²	
	Boys	Girls		Boys	Girls
	Percent			Percent	
2.....	2.3	1.6	6-7.....	14.7	14.0
3.....	6.8	6.5	8-9.....	17.9	16.9
4.....	10.6	9.5	10-11.....	15.9	16.6
5.....	17.5	16.7	12-13.....	12.4	13.3
6.....	21.0	23.0	14-19.....	11.9	9.8
7.....	20.4	19.7			

¹ From Rude (11). Percentage of children with diseased tonsils, Gary, Ind., 1918. For the age group 2-7 years, 2.5 percent of children had had their tonsils removed.

² From Collins (3). Percentage of children with diseased tonsils for an average of 4 localities; Pinellas County, Fla., 1921-22; Dunklin and New Madrid Counties, Mo., 1922-23; Orange County, Fla., 1921-22; and Hagerstown, Md., 1923-24. For the age group 6-19 years, 16.3, 1.9, 14.5, and 11.6 percent of children had had their tonsils removed in the 4 localities, respectively.

TABLE 3B.—Prevalence of defective tonsils among white adults in specific age groups—data comparable with the Farm Security Administration examination of tonsils

Age (years)	Life Extension Institute						Sur- veyed indus- tries (male) ⁴	Col- lege women ⁵	Balti- more ⁶ (both sexes)	National Youth Administration ⁷	
	Male				Total female ¹	Male				Female	
	Total ¹	Professional, busi- ness, and skilled trade		Agricul- tural (field) ²							
		New York City (head) ³	Other cities (field) ³								
Percent											
Under 15.....									33.5		
15-19.....						14.7	30.7	} 17.2		22.9	} 21.7
20-24.....	36.0	61.0	31.2	29.0	} 36.7	17.0	31.5			20.0	
25-29.....	36.4	64.7	31.4	23.6		} 33.6	14.5		31.7		
30-34.....					} 32.2		10.4		-----		
35-39.....	32.1	64.8	26.8	21.2		} 6.9	-----		-----		
40-44.....					} 25.4		-----	-----			
45-49.....	26.7	58.3	21.9	16.2		} 5.3	-----	-----			
50-54.....					} 5.3		-----	-----			
55-59.....	21.5	50.6	} 17.3	13.6		} 5.3	-----	-----			
60-64.....							} 5.3	-----	-----		
65 and over.....	17.6	48.2									

¹ From Sydenstricker and Britten (12). Percentage of persons with enlarged, cryptic, diseased, or buried tonsils, 1922 to about 1925. No record is given of the number of persons whose tonsils had been removed; since the examinations were of adults and were made between 1922 and 1925 the percentage of persons who had had their tonsils removed was probably small.

² From Sydenstricker and Britten (13). Same as note 1, this table.

³ From Britten (1). Same as note 1, this table.

⁴ Data from Britten and Thompson published by Collins (2). Percentage of persons with diseased tonsils, 1914-21. No record is given of the number of persons whose tonsils had been removed; the percentage, however, was probably small.

⁵ From Cunningham (7). Percentage of persons with pathologic, buried, or projecting tonsils. Students of the University of California. About 1920-29. For the age group 15-34 years, 35.6 percent of women students had had their tonsils removed.

⁶ From Gafaer (8). Percentage of persons with inflamed tonsils, whether or not enlarged. Healthy persons participating in the John J. Abel research on the common cold, 1928-30. Under 15 years of age 30.2 percent and over 15 years of age 50.1 percent of persons had had their tonsils removed.

⁷ From McDowell and Meroney (10). Percentage of persons with diseased tonsils, 1941. For the age group 16-24 years, 29.6 percent had had their tonsils removed.

youth aged 16 to 24 years, made in 1941, show a higher tonsillectomy rate in urban than in rural areas, 45 and 19 percent, respectively; and a lower rate of diseased tonsils in urban than in rural areas, 15 and 27 percent, respectively, for whites. The first and second million men examined by the Army in 1917-18 (17), including both accepted and rejected men, 18 to 30 years, show urban and rural rates for diseased tonsils of 24.0 and 23.5 percent, respectively. Whereas within each State urban and rural rates are about the same, both urban and rural rates vary considerably from State to State. The prevalence of men with removed tonsils is not given in the Army records but tonsillectomy was relatively infrequent in 1917-18 as compared with 1941.

Table 4 shows the age-specific prevalence of persons with removed and diseased tonsils among members of northern and southern Farm Security Administration borrower families. The prevalence of persons who have had their tonsils removed is approximately four times as great in the North as in the South; relative age prevalence, however, is practically identical in the two sections. Slightly diseased tonsils are recorded as more prevalent in southern, markedly diseased as more prevalent in northern localities; about the same percentage, however, was recommended for removal in both North and South. The prevalence of both slightly and markedly diseased tonsils has a younger age distribution in the South than the North.

TABLE 4.—Prevalence of defective tonsils and adenoids among white persons in specific age groups for North and South¹—members of Farm Security Administration borrower families, 1940

Age (years)	Examined for tonsils and adenoids		Tonsils—								Adenoids enlarged	
			Absent or partially removed		Removal recommended		Markedly diseased		Slightly diseased			
	North	South	North	South	North	South	North	South	North	South	North	South
	Number		Percent									
All ages.....	3,257	4,291	13.3	3.7	18.2	19.9	15.0	8.9	19.9	43.0	7.3	14.8
Under 5.....	415	537	1.2	.2	5.8	12.8	5.3	6.7	16.4	38.9	8.4	13.6
5-9.....	501	708	7.8	1.4	20.2	31.9	14.4	13.3	18.7	56.4	17.8	30.2
10-14.....	540	756	15.2	3.7	22.2	30.7	16.3	13.1	20.6	54.2	12.4	29.0
15-19.....	311	498	21.9	7.4	38.3	30.9	24.4	13.1	19.6	53.0	5.1	18.3
20-24.....	146	218	26.0	7.3	25.3	21.1	21.9	10.6	18.4	43.6	2.1	5.0
25-34.....	376	507	21.8	5.9	16.2	13.0	17.8	6.7	23.1	37.7	.5	3.2
35-44.....	425	529	17.9	4.7	18.4	8.1	15.5	3.4	18.3	30.8	2.4	1.5
45-54.....	340	356	8.8	3.4	10.3	4.8	13.8	3.7	22.6	23.9	1.8	.8
55-64.....	146	131	6.2	.8	11.6	.8	11.0	.8	22.1	15.3	3.4	.8
65 and over.....	57	51	5.3	-----	3.5	2.0	5.3	-----	18.2	13.7	7.0	-----

¹ The localities included are:

North: Aroostook County, Maine, Champaign County, Ohio, Montgomery County, Ind., Callaway County, Mo., Howard County, Nebr., and Phillips County, Colo. Aroostook County, Maine, is not included in the rate for slightly diseased tonsils because of the unusually high prevalence recorded for ages over 20 years.

South: Spotsylvania County, Va., Avery County, N. C., Kershaw County, S. C., Worth County, Ga., Henderson County, Tenn., parts of Carroll, Leflore, and Humphreys Counties, Miss., Pope County, Ark., and Franklin Parish, La.

Prevalence rates of diseased tonsils have been examined by separate locality and examiner. In the 14 localities there were 9 examiners, 2 of whom made examinations in 3 localities, 1 in 2 localities, the remaining 6 physicians examining in 1 locality each (footnote to table 1). Not only the actual prevalence of diseased tonsils, but also the relative age-specific prevalence varies greatly by locality and by examiner. Because of the small number of examiners involved it is impossible to say that there is any marked difference in the prevalence of diseased tonsils in North and South as shown by these data. Army rates for diseased tonsils found on examination of the first and second million men, 18 to 30 years (1917-18) (17), are variable by State but show no consistent sectional differences.

Diseased tonsils are about as prevalent among males as females in these data, the only difference being somewhat higher rates of slightly diseased tonsils for females than males after 20 years of age (table 2 and fig. 4). The Negro rates are more variable than the white but

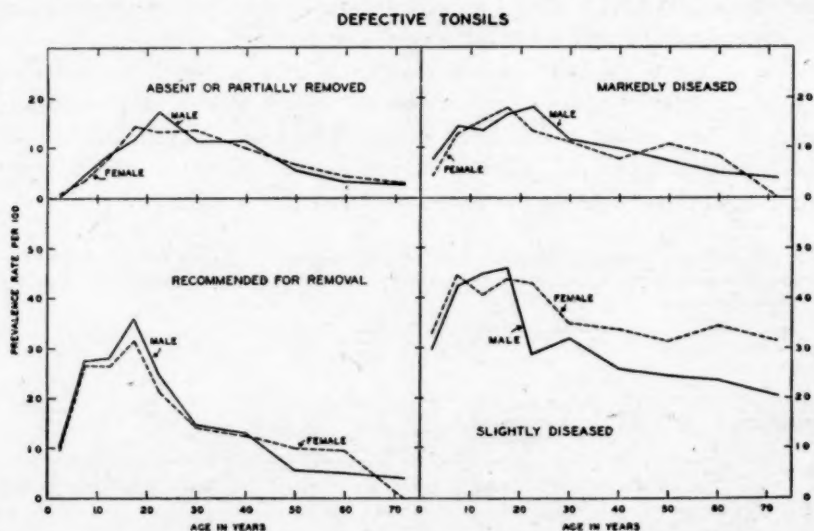


FIGURE 4.—Male and female age-specific prevalence of diseased tonsils and tonsils absent or recommended for removal, as found on physical examination of members of Farm Security Administration borrower white families in a total of 14 localities, 1940.

point to the same general conclusion (table 5). The Life Extension Institute data also show a less rapid decline in the rates for defective tonsils among women than men after 20 years of age (table 3B).

Table 5 and figure 5 show a comparison of the prevalence of persons with removed and diseased tonsils for whites and Negroes in six localities where Negroes were examined. Almost no tonsillectomies have been done among Negroes, and very few among southern whites; approximately only 3 and 7 percent of persons have had their tonsils removed by 25 years of age among Negroes and southern whites,

TABLE 5.—Prevalence of defective tonsils and adenoids among Negro and white persons in specific age groups—members of Farm Security Administration borrower families in a total of 6 localities, 1940¹

Age (years)	Negro						White					
	Examined for tonsils and adenoids	Tonsils—				Adenoids enlarged	Examined for tonsils and adenoids	Tonsils—				Adenoids enlarged
		Absent or partially removed	Removal recommended ¹	Markedly diseased	Slightly diseased			Absent or partially removed	Removal recommended ¹	Markedly diseased	Slightly diseased	
Number	Percent					Number	Percent					
Both sexes												
All ages.....	1, 150	0.4	21.1	18.8	31.3	10.3	3, 525	4.1	19.0	9.4	44.4	16.3
Under 5.....	146	.....	20.5	24.7	24.0	9.6	438	.2	14.8	8.0	42.9	15.8
5-9.....	197	.5	32.0	25.4	41.1	19.8	591	1.7	34.0	15.6	56.3	32.7
10-14.....	213	.5	41.3	36.6	38.0	19.2	635	4.3	31.7	13.7	55.1	29.8
15-19.....	163	.....	20.9	16.0	35.6	9.2	417	7.4	26.4	12.0	55.4	20.4
20-24.....	60	3.3	13.3	10.0	35.0	5.0	165	9.1	13.3	8.5	46.7	6.7
25-34.....	78	1.3	7.7	10.3	25.6	1.3	413	6.8	9.4	6.5	39.5	3.9
35-44.....	112	.....	6.2	5.4	24.1	.9	431	5.1	4.4	3.2	30.2	1.6
45-54.....	111	.....	1.8	3.6	19.8	2.7	294	3.4	3.4	3.7	23.8	.7
55-64.....	52	.....	9.6	3.8	19.2	1.9	108	.9	.9	.9	14.8	.9
65 and over.....	18	.....	.....	.....	27.8	.....	33	.....	3.0	.....	18.2	.....
Male												
All ages.....	576	0.3	20.0	17.9	28.0	10.8	1, 794	4.5	19.7	8.9	42.0	16.3
Under 5.....	66	.....	15.2	18.2	22.7	9.1	207	.....	16.9	11.1	39.1	15.9
5-9.....	96	1.0	32.3	27.1	37.5	21.9	301	2.3	34.6	15.6	55.1	33.6
10-14.....	119	.8	35.3	29.4	38.7	15.1	331	5.4	34.1	13.6	58.3	29.3
15-19.....	76	.....	22.4	18.4	30.3	13.2	213	8.0	30.0	10.3	55.4	21.1
20-24.....	31	.....	12.9	12.9	25.8	9.7	60	6.7	10.0	6.7	36.7	8.3
25-34.....	29	.....	10.3	17.2	27.6	3.4	196	7.1	11.2	4.6	38.3	3.1
35-44.....	43	.....	9.3	7.0	18.6	.....	215	6.0	3.3	2.8	27.0	1.9
45-54.....	66	.....	1.5	4.5	13.6	3.0	173	3.5	1.2	2.3	18.5	1.2
55-64.....	37	.....	8.1	2.7	13.5	2.7	75	1.3	.....	.....	9.3	.....
65 and over.....	13	.....	.....	.....	23.1	.....	23	.....	4.3	.....	8.7	.....
Female												
All ages.....	574	0.5	22.3	19.7	34.7	9.8	1, 731	*3.8	18.2	9.9	46.8	16.2
Under 5.....	80	.....	25.0	30.0	25.0	10.0	231	.4	13.0	5.2	46.3	15.6
5-9.....	101	.....	31.7	23.8	44.6	17.8	290	1.0	33.4	15.5	57.6	31.7
10-14.....	94	.....	48.9	45.7	37.2	24.5	304	3.0	28.9	13.8	51.6	30.3
15-19.....	87	.....	19.5	13.8	40.2	5.7	204	6.9	22.5	13.7	55.4	19.6
20-24.....	29	6.9	13.8	6.9	44.8	.....	105	10.5	15.2	9.5	52.4	5.7
25-34.....	49	2.0	6.1	6.1	24.5	.....	217	6.5	7.8	8.3	40.6	4.6
35-44.....	69	.....	4.3	4.3	27.5	1.4	216	4.2	5.6	3.7	33.3	1.4
45-54.....	45	.....	2.2	2.2	28.9	2.2	121	3.3	6.6	5.8	31.4	.....
55-64.....	15	.....	13.3	6.7	33.3	.....	33	.....	3.0	3.0	27.3	3.0
65 and over.....	5	.....	.....	.....	40.0	.....	10	.....	.....	.....	40.0	.....

¹ The 6 localities are: Spotsylvania County, Va., Kershaw County, S. C., Worth County, Ga., parts of Carroll, Leflore, and Humphreys Counties, Miss., Pope County, Ark., and Franklin Parish, La.

² Recommendations for removal of tonsils were based on a past history of frequent attacks of tonsillitis as well as the appearance of the tonsils.

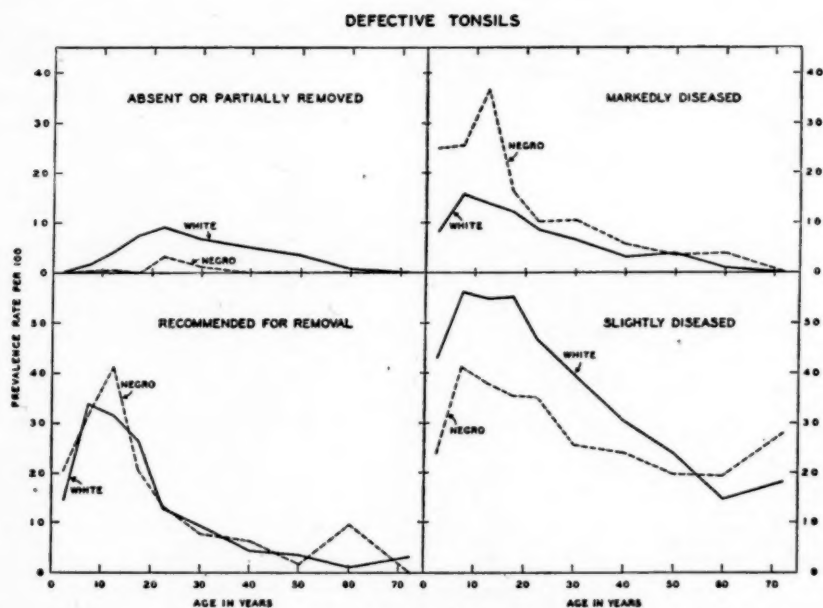


FIGURE 5.—Negro and white age-specific prevalence of diseased tonsils and tonsils absent or recommended for removal, as found on physical examination of members of Farm Security Administration borrower families in a total of 6 localities, 1940.

respectively. The recorded prevalence of diseased tonsils, per 100 examined, is practically the same for whites and Negroes; the recorded rates for markedly diseased tonsils, however, are higher while those for slightly diseased are lower for Negroes. The age-specific percentages of persons with tonsils recommended for removal are the same for whites and Negroes. Collins (3) concluded from examinations of white and Negro school children in Memphis, Tenn., Hagerstown, Md., and Orange and Pinellas Counties, Fla., "that there is no marked difference in the extent of tonsil infection in the two races when the difference in the frequency of tonsillectomy is taken into account." The examination of NYA youth (10) 16 to 24 years of age gives a prevalence rate for diseased tonsils of 22.1 percent for whites and 25.9 percent for Negroes, with 30.0 percent of tonsils removed for whites and 17.4 percent for Negroes.

Figure 6 shows a sex and color comparison of the prevalence of enlarged adenoids among Farm Security Administration borrower families. White male and female age-specific rates are practically identical; recorded white rates are significantly higher than Negro for ages under 20 years.

SUMMARY

In the Farm Security Administration physical examinations of rural rehabilitation farmers and their families, the condition of the tonsils was recorded by the examiner as normal, absent, slightly diseased, or

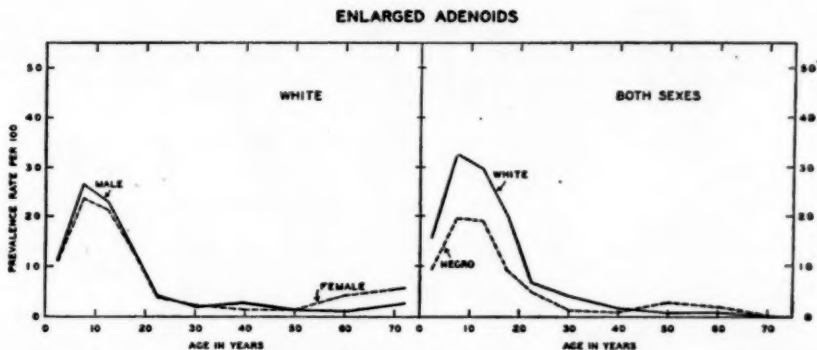


FIGURE 6.—Prevalence of enlarged adenoids at specific ages among males and females and among Negroes and whites as found on physical examination of members of Farm Security Administration borrower families in a total of 14 and 6 localities, respectively, 1940.

markedly diseased, with a recommendation for removal when indicated. In the majority of cases tonsils enlarged but not diseased were recorded as normal. A marked variation in the recorded results of different examiners exists both in respect to the actual prevalence rates and in the relative age prevalence of diseased tonsils. Prevalence under 15 years of age in separate localities varies from 5 to 24 percent for markedly diseased and from 11 to 45 and even 75 percent for slightly diseased tonsils.

The tonsillectomy rate is comparatively low in these low-income farm families, only 5 percent of white persons under 15 years and 12 percent at 15 to 44 years of age have had their tonsils removed. Tonsillectomy is significantly less frequent in southern than in northern localities, approximately 7 and 26 percent of persons, respectively, have had tonsillectomy performed by 25 years of age. Among Negroes only 3 percent have had their tonsils removed by 25 years of age. Children of rural borrower families have lower tonsillectomy rates than children belonging to the lowest income group of urban families. The high incidence of tonsillectomy at the age of school entrance, 5 to 9 years, which is characteristic of urban rates, is not seen in the rates for children of rural borrower families.

Relative age curves of the prevalence of diseased tonsils among members of rehabilitation families show a rapid increase in the rates until 10 years of age, followed at 15-19 years by a somewhat slower increase for both slightly and markedly diseased tonsils, with a decline in the rates after 20 years of age. The recorded prevalence of diseased tonsils is somewhat high among Farm Security Administration borrower families compared with other examined groups and is relatively high over 20 years of age.

Males and females show similar prevalence rates of diseased tonsils. Rates for whites and Negroes are not greatly dissimilar when the prevalence of removed tonsils is taken into account.

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STUDIES ON SUSCEPTIBILITY TO POLIOMYELITIS¹

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Individuals effectively exposed to poliomyelitis may react quite differently, some developing constitutional symptoms with paralysis while at the other extreme are individuals who harbor the virus for an indeterminate period but show no symptoms recognizable as due

¹ From the Division of Infectious Diseases, National Institute of Health.

to the disease. The reason for this difference in clinical response following exposure to the virus as shown by different individuals is, however, unknown and still a matter for interesting speculation, as is the actual reason for the common occurrence of virus-neutralizing antibodies in serums collected from the general population.

In 1930 Aycock and Kramer (1) found complete agreement in the ability of serums from 12 mothers and their newly born offspring to neutralize poliomyelitis passage virus in rhesus monkeys. In 1941 Armstrong (2) confirmed these results in serums supplied through the courtesy of Columbia Hospital, Washington, D. C., from 23 mothers and their infants, employing the Lansing strain of virus in white mice (table 1).² The combined results of these two studies showed that among 35 pairs of serums, 22 neutralized,³ 7 partially neutralized, and 6 (17 percent) were negative. It is, therefore, natural to wonder whether the offspring of serum-negative mothers might be more susceptible to recognizable poliomyelitis than the offspring from serum-immune mothers.

The best way to answer this question would be to determine the serum-immunity status of a large group of mothers at the time of delivery and then follow their offspring for a number of years to observe the occurrence of poliomyelitis among them. The low incidence of the disease and the difficulty of maintaining contact with a sufficiently large group of children over a period of years, however, renders this method impracticable.

In 1937, Brodie, Fischer, and Stillerman (4) tested 82 serums collected from patients during the first week of a paralytic attack of poliomyelitis and found 68 (83 percent) which failed to neutralize their F1 passage strain of poliomyelitis virus in rhesus monkeys. Moreover, they tested 22 of these serums against a strain of virus isolated from the outbreak under study and in every instance the results remained unchanged from those found with the F1 strain of virus. From this group of 68 serum-negative individuals, a retest was done on 39 serums collected at intervals up to 1 year after the attack and the authors found only 2 serums (5 percent) which had changed to positive. Haas and Armstrong in 1940, employing the Lansing strain of virus in white mice, studied serums from 22 paralytic cases and found no demonstrable antibodies in 13 (59 percent) collected from 7 to 12 months following the acute attack. Similar findings have been observed by others. If this tendency for approximately 70 percent of the above-mentioned paralytic cases to develop antibodies slowly, if at all, following a recognizable attack is an inherited characteristic, it is possible that the fathers and mothers of

² The neutralization tests were performed by the method described by Haas and Armstrong (5), 1940.

³ Neutralizing antibodies present in the newborn probably disappear within a few months.

TABLE 1.—Virus-neutralizing properties of the serums of newborn infants compared to their mothers employing, Lansing strain of virus and 12 mice for each serum, Washington, D. C., 1941

NUMBER OF MICE SURVIVING FROM 12 INOCULATED																							
Number of paired serums.....	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Mother serums.....	2	5	0	10	9	12	12	1	2	11	11	10	9	8	3	12	8	12	0	12	7	10	5
Infant serums.....	1	8	1	8	12	12	12	0	4	12	12	10	10	4	10	9	11	1	12	4	12	9	184
Degree protection.....	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+
- = No protection, 4. + = Weak protection, 5. ++ = Strong protection, 14.																							
Total surviving																							

TABLE 2.—Virus neutralization with sera from mothers and fathers of paralyzed poliomyelitis patients—North Carolina outbreak, 1944, employing the Lansing strain of virus in white mice

[illegible]

paralytic cases might be found to show a higher incidence of non-neutralizing serums than would persons of corresponding age from the general population.

The serums for a determination of this point were collected from 42 mothers and 27 fathers of hospitalized paralytic poliomyelitis cases which developed in North Carolina during the 1944 outbreak. When tested with the Lansing strain of poliomyelitis virus in white mice, the serums from 39 mothers neutralized the virus, 3 partially neutralized, and none was negative. Among serums from 27 fathers, 23 neutralized, 3 partially neutralized, and 1 was negative. From tables 1 and 2, it may be seen that the proportion of serums from the mothers and fathers of paralytic cases whose serums neutralized the virus was much higher than was true for the serums of mothers of newly born infants from the general population as studied by Aycock and Kramer (1) and by Armstrong (2). This difference is possibly accounted for in part by the differences in ages of the two groups and by recent exposure in a home or community heavily infected with poliomyelitis virus.

At any rate the results give no reason to believe that paralytic cases of poliomyelitis tend to occur among the offspring of parents who are incapable of producing serum antibodies against poliomyelitis virus, at least against one strain. This conclusion is, moreover, apparently in accord with the experimental results in monkeys and mice; in these animals individual variations in susceptibility are marked in the absence of any variation in serum antibodies against the virus.

SUMMARY

Serums from 42 mothers of paralytic poliomyelitis victims strongly neutralized the virus in 39 instances and partially neutralized in 3 instances, while the serums from 27 fathers strongly neutralized the virus in 23 instances, partially neutralized in 3 instances, and in 1 was negative. These results give no indication that paralytic poliomyelitis is more apt to occur among those whose parents do not readily produce circulating antibodies against the virus.

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PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED JUNE 2, 1945

Summary

A total of 71 cases of poliomyelitis was reported for the current week, as compared with 44 last week, 46 for the corresponding week last year, and a 5-year (1940-44) median of 46. Of the current total 51 cases occurred in 7 States, as follows: Texas 24 (last week 17); Virginia, Georgia, and Utah, 5 cases each; and New Jersey, North Carolina, and South Carolina, 4 cases each. An aggregate of 55 cases occurred in 3 geographic divisions, as follows (last week's figures in parentheses): Middle Atlantic 10 (5), South Atlantic 19 (5), West South Central 26 (18). In the Mountain area 5 cases were reported (in Utah), where only 1 case had been reported since the first week of April. Cumulative figures, by geographic divisions, since the beginning of April are as follows (corresponding figures for last year in parentheses): New England 7 (11), Middle Atlantic 62 (29), East North Central 32 (18), West North Central 9 (12), South Atlantic 64 (36), East South Central 44 (21), West South Central 106 (61), Mountain 7 (7), Pacific 27 (55). The total for the year to date is 811, as compared with 545 for the same period last year, which latter figure was also the 5-year median.

The incidence of meningococcus meningitis declined. A total of 171 cases was reported for the current week, as compared with 182 last week and a 5-year median of 68. States reporting the largest numbers are as follows: Illinois 16, Pennsylvania 14, Texas 12, Michigan and California 11 each, and New York 10. The total for the year to date is 4,875, as compared with 10,883 for the same period last year and a 5-year median of 1,716.

Among other diseases with current figures above the respective medians are diphtheria, influenza, and scarlet fever. Current figures for measles, smallpox, typhoid fever, and whooping cough are below the medians.

During the week one case of human plague was reported as occurring on the Island of Hawaii on April 26. This is the first case reported in the Territory of Hawaii this year.

A total of 8,231 deaths was recorded during the week in 92 large cities of the United States, as compared with 8,547 for the preceding week, 8,005 for the corresponding week last year and a 3-year (1942-44) average of 8,138. The total to date is 196,515, as compared with 201,762 for the corresponding period last year.

Telegraphic morbidity reports from State health officers for the week ended June 2, 1945, and comparison with corresponding week of 1944 and 5-year median

In these tables a zero indicates a definite report, while leaders imply that, although none was reported, cases may have occurred.

Division and State	Diphtheria			Influenza			Measles			Meningitis, meningococcus		
	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44
	June 2, 1945	June 3, 1944		June 2, 1945	June 3, 1944		June 2, 1945	June 3, 1944		June 2, 1945	June 3, 1944	
NEW ENGLAND												
Maine.....	0	0	0	-----	1	-----	3	331	113	0	2	2
New Hampshire.....	0	0	0	-----	-----	-----	0	61	27	0	2	0
Vermont.....	0	0	0	-----	-----	-----	18	88	88	0	0	0
Massachusetts.....	2	7	4	-----	-----	-----	246	810	1,037	5	7	4
Rhode Island.....	0	0	0	14	13	-----	9	39	96	1	0	0
Connecticut.....	0	1	0	1	-----	1	74	345	345	6	3	0
MIDDLE ATLANTIC												
New York.....	16	9	9	14	12	14	118	922	1,144	10	37	18
New Jersey.....	3	1	3	1	-----	2	51	724	990	9	6	3
Pennsylvania.....	9	10	10	-----	-----	-----	621	440	949	14	24	17
EAST NORTH CENTRAL												
Ohio.....	4	3	6	2	6	8	73	285	320	7	25	1
Indiana.....	16	6	6	6	1	4	52	162	162	2	9	0
Illinois.....	4	5	16	2	2	9	337	396	396	16	19	1
Michigan ¹	20	6	3	1	1	1	283	503	610	11	9	2
Wisconsin.....	1	2	1	32	2	19	119	1,582	1,582	1	2	0
WEST NORTH CENTRAL												
Minnesota.....	2	1	1	2	-----	1	20	275	275	0	4	0
Iowa.....	2	3	3	-----	-----	-----	49	115	135	1	0	0
Missouri.....	7	3	2	2	-----	-----	28	124	172	7	12	1
North Dakota.....	0	0	1	3	-----	-----	3	34	15	1	0	0
South Dakota.....	0	1	0	-----	-----	-----	9	13	13	0	0	0
Nebraska.....	1	5	4	4	2	2	16	149	149	4	3	1
Kansas.....	10	0	1	1	5	2	47	219	358	0	4	2
SOUTH ATLANTIC												
Delaware.....	1	0	0	-----	-----	-----	4	4	6	2	2	0
Maryland ²	6	6	2	-----	-----	1	33	193	193	0	5	1
District of Columbia.....	0	0	1	-----	-----	-----	6	88	88	3	0	1
Virginia.....	2	1	5	88	45	71	25	364	364	7	9	2
West Virginia.....	1	1	3	-----	-----	2	42	248	108	0	5	2
North Carolina.....	19	9	9	-----	3	-----	46	569	439	2	2	1
South Carolina.....	2	4	4	119	157	154	24	205	105	0	1	1
Georgia.....	5	2	2	145	7	12	22	96	96	0	0	1
Florida.....	1	3	3	-----	-----	-----	7	124	124	14	2	0
EAST SOUTH CENTRAL												
Kentucky.....	2	0	2	1	-----	-----	36	88	88	7	5	1
Tennessee.....	3	2	2	21	15	10	12	102	151	4	9	1
Alabama.....	2	1	3	13	33	31	3	148	116	5	8	3
Mississippi ¹	3	3	3	-----	-----	-----	-----	-----	-----	1	1	1
WEST SOUTH CENTRAL												
Arkansas.....	2	2	2	5	64	7	38	92	92	1	1	1
Louisiana.....	2	3	2	-----	1	1	12	31	31	5	3	1
Oklahoma.....	4	1	2	31	26	26	29	156	57	16	1	1
Texas.....	25	25	16	482	242	242	345	1,820	562	12	13	3
MOUNTAIN												
Montana.....	1	0	0	19	12	4	7	74	70	1	0	0
Idaho.....	0	0	0	-----	-----	-----	9	21	37	1	0	0
Wyoming.....	0	0	0	-----	-----	-----	11	77	32	0	1	0
Colorado.....	3	6	6	14	46	31	13	148	336	0	2	0
New Mexico.....	2	1	1	5	3	-----	7	44	45	0	0	0
Arizona.....	0	0	1	54	25	40	21	48	48	2	0	0
Utah ¹	0	0	0	18	4	1	160	67	94	0	3	0
Nevada.....	0	4	0	-----	-----	-----	1	27	13	0	0	0
PACIFIC												
Washington.....	9	4	1	-----	3	1	137	250	250	2	4	1
Oregon.....	2	0	1	5	7	7	60	104	104	0	2	0
California.....	17	17	13	10	22	33	1,308	3,325	741	11	27	3
Total.....	211	158	174	1,095	750	754	4,594	16,130	16,646	171	274	68
22 weeks.....	5,937	4,944	5,743	163,628	333,291	164,674	174,099	537,630	444,654	14,875	10,883	1,716

¹ Corrections: Rhode Island, week ended May 19, influenza 26 cases (instead of 0) plus 101 delayed; measles 12 cases (instead of 1) plus 23 delayed. Meningococcus meningitis, week ended May 12, Florida 7 cases (instead of 0); Oklahoma 1 case (instead of 0); week ended May 19, Rhode Island 1 case (instead of 0).

² New York City only.

³ Period ended earlier than Saturday.

Telegraphic morbidity reports from State health officers for the week ended June 2, 1945, and comparison with corresponding week of 1944 and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever ¹		
	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44
	June 2, 1945	June 3, 1944		June 2, 1945	June 3, 1944		June 2, 1945	June 3, 1944		June 2, 1945	June 3, 1944	
NEW ENGLAND												
Maine.....	0	0	0	52	49	10	0	0	0	1	0	0
New Hampshire.....	0	0	0	6	4	4	0	0	0	0	0	0
Vermont.....	0	1	0	16	7	10	0	0	0	0	0	0
Massachusetts.....	0	2	0	255	221	221	0	0	0	0	6	4
Rhode Island.....	0	0	0	13	8	8	0	0	0	0	0	0
Connecticut.....	0	1	0	58	56	52	0	0	0	0	1	0
MIDDLE ATLANTIC												
New York.....	3	9	0	543	389	388	0	0	0	3	3	5
New Jersey.....	4	1	0	109	145	144	0	0	0	0	0	1
Pennsylvania.....	3	1	0	442	285	271	0	0	0	3	0	6
EAST NORTH CENTRAL												
Ohio.....	0	2	0	300	426	232	0	0	0	2	0	1
Indiana.....	1	0	0	75	85	81	0	0	1	3	2	2
Illinois.....	1	2	0	232	221	179	0	1	4	2	2	2
Michigan ²	0	1	0	254	222	182	0	0	0	0	2	0
Wisconsin.....	0	0	0	254	253	111	0	0	2	0	0	0
WEST NORTH CENTRAL												
Minnesota.....	0	1	0	77	118	51	0	0	0	0	2	0
Iowa.....	0	0	0	26	51	26	0	0	0	0	2	1
Missouri.....	0	0	0	70	47	47	2	1	1	4	3	6
North Dakota.....	0	0	0	15	5	2	0	0	0	0	0	0
South Dakota.....	0	0	0	11	18	12	3	0	0	0	0	0
Nebraska.....	0	0	0	48	54	15	0	1	1	0	1	0
Kansas.....	0	0	0	53	43	42	1	1	0	1	0	0
SOUTH ATLANTIC												
Delaware.....	0	0	0	1	4	4	0	0	0	0	0	0
Maryland ³	0	1	0	115	94	67	0	0	0	1	2	2
District of Columbia.....	0	0	0	25	35	11	0	0	0	0	0	1
Virginia.....	5	0	0	55	36	20	0	0	0	1	1	1
West Virginia.....	1	0	0	33	50	20	0	0	0	0	0	3
North Carolina.....	4	0	0	74	25	16	0	0	0	2	2	2
South Carolina.....	4	1	0	12	7	4	0	0	0	0	6	3
Georgia.....	5	1	0	30	33	10	1	0	0	10	5	9
Florida.....	0	3	3	3	5	4	0	0	0	2	3	3
EAST SOUTH CENTRAL												
Kentucky.....	1	2	0	24	27	29	0	2	1	1	0	2
Tennessee.....	0	0	0	11	59	44	0	0	3	3	1	2
Alabama.....	3	2	0	9	5	7	0	0	0	13	0	2
Mississippi ⁴	1	1	1	6	3	3	0	0	0	4	3	1
WEST SOUTH CENTRAL												
Arkansas.....	1	0	0	5	4	4	0	0	4	2	2	4
Louisiana.....	0	5	0	8	0	5	0	0	0	5	7	7
Oklahoma.....	1	0	0	13	6	10	0	0	0	0	2	1
Texas.....	24	3	3	56	146	20	0	0	0	6	8	10
MOUNTAIN												
Montana.....	0	0	0	15	14	9	0	0	0	0	1	1
Idaho.....	0	0	0	15	33	2	0	0	0	0	0	0
Wyoming.....	0	0	0	6	16	11	0	0	0	0	0	0
Colorado.....	0	0	0	36	56	29	0	0	0	2	1	2
New Mexico.....	0	0	0	4	6	2	0	0	0	0	0	0
Arizona.....	0	0	0	24	9	5	0	0	0	2	0	0
Utah ⁵	5	0	0	9	34	9	0	0	0	0	0	0
Nevada.....	0	0	0	0	13	0	0	0	0	0	4	0
PACIFIC												
Washington.....	1	0	0	56	120	22	0	1	0	2	1	1
Oregon.....	0	1	1	22	71	8	0	0	0	0	1	1
California.....	3	5	7	313	252	105	0	0	0	4	9	5
Total.....	71	46	46	3,889	3,870	2,844	7	7	36	79	83	121
22 weeks.....	811	545	545	116,713	132,109	85,342	223	248	544	1,321	1,686	1,823

¹ Period ended earlier than Saturday.

² Including paratyphoid fever reported separately as follows: New York 1; Ohio 1; Texas 1; California 1.

³ Corrections: Poliomyelitis, North Carolina, week ended May 12, 0 (instead 1). Scarlet fever, Rhode Island, week ended May 19, 17 cases (instead of 15) plus 17 delayed.

Telegraphic morbidity reports from State health officers for the week ended June 2, 1945, and comparison with corresponding week of 1944 and 5-year median—Con.

Division and State	Whooping cough			Week ended June 2, 1945							
	Week ended—		Median 1940-44	Dysentery			Encephalitis, infectious	Rocky Mt. spotted fever	Tularemia	Typhus fever	Undulant fever
	June 2, 1945	June 3, 1944		Amebic	Bacillary	Unspecified					
NEW ENGLAND											
Maine.....	68	17	19	0	0	0	0	0	0	0	1
New Hampshire.....	0	1	4	0	0	0	0	0	0	0	0
Vermont.....	13	19	15	0	0	0	0	0	0	0	2
Massachusetts.....	114	39	130	0	1	0	0	0	0	0	0
Rhode Island.....	22	6	19	0	0	0	0	0	0	0	0
Connecticut.....	35	21	33	0	0	0	0	0	0	0	3
MIDDLE ATLANTIC											
New York.....	192	93	227	3	6	0	0	2	0	0	6
New Jersey.....	82	30	73	0	0	0	0	0	0	0	1
Pennsylvania.....	137	56	238	1	0	0	1	0	0	0	3
EAST NORTH CENTRAL											
Ohio.....	91	110	146	0	0	0	2	0	0	0	2
Indiana.....	9	30	47	1	0	0	0	0	0	0	1
Illinois.....	76	34	101	2	0	0	1	1	1	0	9
Michigan ¹	60	77	164	0	1	0	0	0	0	0	8
Wisconsin.....	38	81	113	0	0	0	0	0	0	0	4
WEST NORTH CENTRAL											
Minnesota.....	3	13	41	2	0	0	0	0	0	0	3
Iowa.....	3	10	26	0	0	0	0	2	0	0	0
Missouri.....	11	26	28	0	0	0	0	0	1	0	2
North Dakota.....	1	5	5	0	0	0	0	0	0	0	0
South Dakota.....	3	8	4	0	0	0	0	0	0	0	1
Nebraska.....	0	17	14	0	0	0	0	0	0	0	0
Kansas.....	32	46	63	0	0	0	0	0	0	0	1
SOUTH ATLANTIC											
Delaware.....	0	0	1	0	0	0	0	0	0	0	0
Maryland ¹	83	32	81	0	0	0	0	5	0	0	0
District of Columbia.....	11	1	10	0	0	0	0	0	0	0	0
Virginia.....	38	64	64	1	0	42	0	0	0	0	0
West Virginia.....	4	29	57	0	0	0	0	1	0	1	2
North Carolina.....	194	116	116	1	0	0	0	2	0	3	0
South Carolina.....	71	76	76	13	12	0	0	0	1	6	0
Georgia.....	37	20	24	0	16	1	0	1	1	17	1
Florida.....	17	21	21	0	1	0	0	0	0	10	2
EAST SOUTH CENTRAL											
Kentucky.....	34	56	65	0	0	0	0	0	1	0	0
Tennessee.....	6	61	48	0	0	1	2	0	0	1	0
Alabama.....	15	37	44	0	0	0	0	0	0	9	2
Mississippi ¹				0	0	0	0	0	2	3	4
WEST SOUTH CENTRAL											
Arkansas.....	12	13	17	0	5	0	0	0	6	0	1
Louisiana.....	2	2	2	2	0	0	0	0	0	5	0
Oklahoma.....	11	15	15	1	0	0	0	1	0	0	1
Texas.....	330	297	297	13	439	43	0	0	1	36	26
MOUNTAIN											
Montana.....	1	2	12	0	0	0	0	0	0	0	0
Idaho.....	4	11	11	1	0	0	0	0	0	0	0
Wyoming.....	1	10	3	0	0	0	0	3	1	0	0
Colorado.....	26	256	24	0	0	0	0	4	0	0	2
New Mexico.....	8	0	5	0	0	1	0	0	0	0	0
Arizona.....	15	22	22	0	0	26	1	0	0	0	0
Utah ¹	21	51	51	0	0	0	0	1	5	0	3
Nevada.....	0	20	0	0	0	0	0	0	0	0	0
PACIFIC											
Washington.....	15	16	41	0	0	0	0	0	0	0	1
Oregon.....	17	4	22	1	0	0	0	1	0	0	3
California.....	403	99	365	1	2	0	2	0	0	0	8
Total.....	2,366	2,070	3,765	43	483	114	9	24	20	90	100
Same week 1944.....	2,070			28	556	94	16	25	17	57	76
Average, 1942-44.....	3,219			29	342	94	14	* 21	18	* 35	
2 Weeks, 1945.....	54,758			671	9,362	2,518	149	* 75	351	* 1,173	1,967
1944.....	39,767			562	6,002	1,643	241	71	238	999	1,333
Average, 1942-44.....	71,030		* 84,303	539	4,145	1,270	224	* 102	345	* 783	

* Period ended earlier than Saturday.

* Delayed report: Maryland, Rocky Mountain spotted fever 1 case.

* Correction: North Carolina, week ended May 12, typhus fever 1 case (instead of 2).

* 5-year median, 1940-44.

Antirez: Pennsylvania 1 case.

WEEKLY REPORTS FROM CITIES

City reports for week ended May 26, 1945

This table lists the reports from 89 cities of more than 10,000 population distributed throughout the United States, and represents a cross section of the current urban incidence of the diseases included in the table.

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Pollomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
NEW ENGLAND												
Maine:												
Portland.....	0	0		0	0	0	2	0	0	0	0	0
New Hampshire:												
Concord.....	0	0		0	1	0	0	0	2	0	0	0
Vermont:												
Barre.....	0	0		0	15	0	1	0	0	0	0	0
Massachusetts:												
Boston.....	2	0		0	131	4	9	0	62	0	0	29
Fall River.....	0	0		0	2	0	0	0	2	0	0	0
Springfield.....	0	0		0	1	1	1	0	17	0	0	0
Worcester.....	0	0		0	18	0	11	0	16	0	0	6
Rhode Island:												
Providence.....	0	0		0	4	0	4	0	3	0	0	20
Connecticut:												
Bridgeport.....	0	0		0	0	0	3	0	3	0	0	0
Hartford.....	0	0		0	45	0	2	0	6	0	0	2
New Haven.....	0	0		0	2	0	1	0	2	0	0	5
MIDDLE ATLANTIC												
New York:												
Buffalo.....	0	0		2	5	2	3	1	18	0	0	0
New York.....	10	1	3	0	74	14	56	2	285	0	0	87
Rochester.....	0	0		0	19	0	2	0	9	0	2	11
Syracuse.....	0	0		0	0	0	5	0	8	0	0	29
New Jersey:												
Camden.....	1	0		0	3	1	1	0	2	0	0	6
Newark.....	0	0	1	0	2	3	2	0	26	0	0	10
Trenton.....	0	0		0	6	0	2	0	4	0	0	0
Pennsylvania:												
Philadelphia.....	4	0		0	350	2	20	0	63	0	4	113
Pittsburgh.....	0	0		0	7	2	6	1	49	0	0	20
Reading.....	0	0		0	3	0	0	0	11	0	0	1
EAST NORTH CENTRAL												
Ohio:												
Cincinnati.....	0	0		0	5	2	4	1	12	0	0	2
Cleveland.....	1	0	2	0	18	5	7	0	56	0	0	33
Columbus.....	0	0	1	1	2	1	1	0	8	0	0	6
Indiana:												
Indianapolis.....	2	0		1	10	3	5	0	21	0	0	14
South Bend.....	0	0		0	1	0	0	0	3	0	0	1
Terre Haute.....	0	0		0	1	0	2	0	5	0	0	0
Illinois:												
Chicago.....	1	0	1	0	204	13	28	0	130	0	0	17
Springfield.....	0	0		0	1	1	2	0	5	0	0	0
Michigan:												
Detroit.....	13	0	1	0	183	8	7	0	123	0	0	29
Flint.....	0	0		0	16	0	2	0	20	0	0	5
Grand Rapids.....	0	0		0	2	0	0	0	16	0	0	0
Wisconsin:												
Kenosha.....	0	0		0	3	0	0	0	4	0	0	0
Milwaukee.....	0	0		0	13	2	7	0	80	0	0	2
Racine.....	0	0		0	1	0	0	0	5	0	0	1
Superior.....	0	0		0	6	0	0	0	2	0	0	0
WEST NORTH CENTRAL												
Minnesota:												
Duluth.....	0	0		0	0	0	1	0	4	0	0	0
Minneapolis.....	0	0		0	13	1	8	0	23	0	0	5
St. Paul.....	1	0		0	0	0	4	0	8	0	0	2

City reports for week ended May 26, 1945—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Pollomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
WEST NORTH CENTRAL—continued												
Missouri:												
Kansas City.....	0	0	-----	0	9	2	9	0	15	0	0	2
St. Joseph.....	0	0	-----	0	0	1	0	0	2	0	0	0
St. Louis.....	1	0	-----	0	15	9	11	0	23	0	0	14
North Dakota:												
Fargo.....	0	0	-----	0	1	0	1	0	4	0	0	0
Nebraska:												
Omaha.....	1	0	-----	0	12	1	0	0	24	0	0	0
Kansas:												
Topeka.....	0	0	-----	0	0	1	2	0	8	0	0	0
Wichita.....	0	0	-----	0	2	0	3	0	11	0	0	0
SOUTH ATLANTIC												
Delaware:												
Wilmington.....	1	0	-----	0	0	0	0	0	1	0	0	0
Maryland:												
Baltimore.....	3	0	1	0	9	3	10	0	57	0	0	48
Cumberland.....	0	0	-----	0	0	0	0	0	5	0	0	0
Frederick.....	0	0	-----	0	0	0	0	0	0	0	0	0
District of Columbia:												
Washington.....	0	0	-----	0	6	1	6	0	30	0	0	14
Virginia:												
Lynchburg.....	0	0	-----	0	2	0	0	0	5	0	0	0
Richmond.....	0	0	-----	0	5	1	3	0	5	0	1	4
Roanoke.....	0	0	-----	0	0	0	0	0	1	0	0	0
West Virginia:												
Charleston.....	0	0	-----	0	0	0	0	0	1	0	0	0
Wheeling.....	0	0	-----	0	2	0	0	0	4	0	0	0
North Carolina:												
Raleigh.....	0	0	-----	0	12	0	3	0	2	0	0	17
Wilmington.....	0	0	-----	0	0	0	1	0	1	0	0	12
Winston-Salem.....	0	0	-----	0	7	0	1	0	9	0	0	14
South Carolina:												
Charleston.....	0	0	-----	0	2	0	1	1	0	0	0	0
Georgia:												
Atlanta.....	0	0	-----	0	0	0	1	0	12	0	0	0
Brunswick.....	0	0	-----	0	1	0	1	0	0	0	0	0
Savannah.....	0	0	-----	0	3	0	1	0	0	0	0	0
Florida:												
Tampa.....	0	0	-----	0	3	0	3	0	0	0	2	1
EAST SOUTH CENTRAL												
Tennessee:												
Memphis.....	0	0	-----	0	45	0	13	0	9	0	0	14
Nashville.....	0	0	-----	0	1	0	1	0	6	0	0	0
Alabama:												
Birmingham.....	1	0	-----	0	0	0	6	0	3	0	0	3
Mobile.....	0	0	-----	1	0	0	1	0	1	0	0	0
WEST SOUTH CENTRAL												
Arkansas:												
Little Rock.....	0	0	-----	0	12	0	0	0	1	0	0	0
Louisiana:												
New Orleans.....	1	0	-----	0	10	0	8	1	11	0	0	3
Shreveport.....	0	0	-----	0	0	0	1	0	3	0	0	0
Texas:												
Dallas.....	1	0	-----	0	11	0	4	0	3	0	0	6
Galveston.....	0	0	-----	0	0	0	0	3	0	0	0	2
Houston.....	1	0	-----	0	1	1	2	1	4	0	0	0
San Antonio.....	0	0	3	0	1	0	2	0	3	0	0	0
MOUNTAIN												
Montana:												
Billings.....	0	0	-----	0	1	0	0	0	5	0	0	0
Great Falls.....	0	0	-----	0	1	0	1	0	0	0	1	0
Helena.....	0	0	-----	0	0	0	0	0	0	0	0	0
Missoula.....	0	0	-----	0	1	0	0	0	0	0	0	0

City reports for week ended May 26, 1945—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
MOUNTAIN—continued												
Idaho:												
Boise.....	0	0	-----	0	0	0	0	0	0	0	0	0
Colorado:												
Denver.....	3	0	2	0	6	0	6	0	9	0	0	8
Pueblo.....	0	0	-----	0	1	0	0	0	2	0	0	2
Utah:												
Salt Lake City.....	0	0	-----	0	140	0	0	0	6	0	0	13
PACIFIC												
Washington:												
Seattle.....	1	0	-----	0	29	0	1	1	8	0	0	2
Spokane.....	0	0	-----	0	10	0	0	0	4	0	0	1
Tacoma.....	1	0	-----	0	29	0	1	0	6	0	0	0
California:												
Los Angeles.....	1	0	4	0	75	1	4	0	68	0	0	64
Sacramento.....	0	0	-----	0	23	0	4	0	17	0	0	7
San Francisco.....	1	0	3	0	140	1	6	0	41	0	0	9
Total.....	52	1	22	5	1,795	87	322	12	1,543	0	10	716
Corresponding week, 1943.....	58	-----	26	16	4,090	-----	321	-----	1,567	0	13	359
Average, 1940-44.....	58	-----	49	17	5,242	-----	318	-----	1,340	1	19	1,054

¹ 3-year average, 1942-44.² 5-year median, 1940-44.

Colorado tick fever.—Cases: Denver, 1.

Dysentery, amebic.—Cases: New York, 3; Los Angeles, 1.

Dysentery, bacillary.—Cases: New York, 2; Chicago, 1; Charleston, S. C., 29; Los Angeles, 1.

Dysentery, unspecified.—Cases: Indianapolis, 2; San Antonio, 26.

Leptosy.—Cases: New Orleans, 1.

Typhus fever, endemic.—Cases: Atlanta, 1; Birmingham, 2; Little Rock, 2; New Orleans, 1; Dallas 1; Houston, 2; San Antonio, 2.

Rates (annual basis) per 100,000 population, by geographic groups, for the 89 cities in the preceding table (estimated population, 1943, 34,278,400)

	Diphtheria case rates	Encephalitis, infectious, case rates	Influenza		Measles case rates	Meningitis, meningococcus, case rates	Pneumonia death rates	Pollomyelitis case rates	Scarlet fever case rates	Smallpox case rates	Typhoid and paratyphoid fever case rates	Whooping cough case rates
			Case rates	Death rates								
New England.....	5.2	0.0	0.0	0.0	572	13.1	88.9	0.0	295	0.0	0.0	162
Middle Atlantic.....	6.9	0.5	1.9	0.9	217	11.1	44.9	1.9	220	0.0	2.8	128
East North Central.....	10.5	0.0	3.1	1.2	287	21.6	37.0	0.6	302	0.0	0.0	68
West North Central.....	6.0	0.0	0.0	0.0	103	29.8	77.6	0.0	243	0.0	0.0	46
South Atlantic.....	6.5	0.0	1.6	0.0	85	8.2	50.7	1.6	217	0.0	4.9	180
East South Central.....	5.9	0.0	0.0	5.9	271	0.0	123.9	0.0	112	0.0	0.0	100
West South Central.....	8.6	0.0	8.6	0.0	100	2.9	48.8	14.3	72	0.0	0.0	32
Mountain.....	23.8	0.0	15.9	0.0	1,191	0.0	55.6	0.0	175	0.0	7.9	183
Pacific.....	6.3	0.0	11.1	0.0	484	3.2	25.3	1.6	228	0.0	0.0	131
Total.....	7.9	0.2	3.4	0.8	274	13.3	49.1	1.8	235	0.0	1.5	109

TERRITORIES AND POSSESSIONS

Hawaii Territory

Plague (human).—One case of human plague was reported on April 26, 1945, in Hamakua, Island of Hawaii, T. H. The patient is a 39-year-old male. Diagnosis has been confirmed. This is the first case of human plague reported in Hawaii Territory for the year 1945 to date. During the year 1944, 5 cases of plague including 1 case of pneumonic plague, all of which proved fatal, were reported in Hamakua District, Island of Hawaii, T. H.

Puerto Rico

Notifiable diseases—4 weeks ended May 19, 1945.—During the 4 weeks ended May 19, 1945, cases of certain notifiable diseases were reported in Puerto Rico as follows:

Disease	Cases	Disease	Cases
Bilharziasis.....	9	Mumps.....	4
Chickenpox.....	103	Ringworm.....	2
Diphtheria.....	33	Syphilis.....	395
Dysentery, unspecified.....	57	Tetanus.....	6
Filariasis.....	2	Tetanus, infantile.....	2
Gonorrhea.....	321	Trachoma.....	4
Influenza.....	88	Tuberculosis (all forms).....	661
Leprosy.....	1	Typhoid and paratyphoid fever.....	46
Malaria.....	496	Typhus fever (murine).....	23
Measles.....	213	Whooping cough.....	135

DEATHS DURING WEEK ENDED MAY 26, 1945

[From the Weekly Mortality Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended May 26, 1945	Correspond- ing week, 1944
Data for 93 large cities of the United States:		
Total deaths.....	9,033	8,638
Average for 3 prior years.....	8,600	
Total deaths, first 21 weeks of year.....	199,034	205,328
Deaths under 1 year of age.....	572	612
Average for 3 prior years.....	593	
Deaths under 1 year of age, first 21 weeks of year.....	13,042	13,181
Data from industrial insurance companies:		
Policies in force.....	67,327,158	66,565,613
Number of death claims.....	13,902	13,600
Death claims per 1,000 policies in force, annual rate.....	10.8	10.7
Death claims per 1,000 policies, first 21 weeks of year, annual rate.....	11.0	10.9

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—Week ended May 12, 1945.—During the week ended May 12, 1945, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Chickenpox		7		96	284	45	11	27	94	564
Diphtheria		3	1	23	3	2	2	1		35
Dysentery, bacillary									5	5
German measles		3		13	43	1		11	30	101
Influenza		29			65	1			11	106
Measles		14		115	251	23	95	37	239	774
Meningitis, meningococcus			1	1	2					4
Mumps		11		73	234	37	31	94	27	507
Poliomyelitis		1							1	2
Scarlet fever		7	20	58	78	15	4	27	18	227
Tuberculosis (all forms)		5	2	44	63	5	8	12	10	149
Typhoid and paratyphoid fever				8	2			1		11
Undulant fever				1	1	1				3
Venereal diseases:										
Gonorrhea		20	8	59	77	21	16	33	28	262
Syphilis	2	24	11	78	51	2	1	7	13	189
Whooping cough		6		86	37	2	4	9	5	149

ITALY

Sicily—Typhoid and paratyphoid fever.—For the month of March 1945, 237 cases of typhoid and paratyphoid fever were reported in Sicily, Italy. For the month of April 1945, 227 cases of the same diseases were reported.

Sicily—Undulant fever.—For the month of March 1945, 148 cases of undulant fever were reported in Sicily, Italy. For the month of April 1945, 285 cases of the same disease were reported.

JAMAICA

Notifiable diseases—4 weeks ended May 5, 1945.—During the 4 weeks ended May 5, 1945, cases of certain notifiable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kings- ton	Other local- ties	Disease	Kings- ton	Other local- ties
Cerebrospinal meningitis	1		Leprosy		2
Chickenpox	44	73	Puerperal sepsis		1
Diphtheria	13	3	Tuberculosis	34	58
Dysentery, unspecified	7	15	Typhoid fever	5	110
Erysipelas		1	Typhus fever (murine)	4	1

NEW ZEALAND

Notifiable diseases—4 weeks ended April 21, 1945.—During the 4 weeks ended April 21, 1945, certain notifiable diseases were reported in New Zealand as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Actinomycosis.....	1	—	Ophthalmia neonatorum.....	2	—
Cerebrospinal meningitis.....	17	—	Puerperal fever.....	4	—
Diphtheria.....	98	6	Scarlet fever.....	618	—
Dysentery, bacillary.....	40	—	Tetanus.....	2	1
Erysipelas.....	19	—	Trachoma.....	3	—
Food poisoning.....	1	—	Tuberculosis (all forms).....	167	38
Lead poisoning.....	1	—	Typhoid fever.....	2	—
Malaria.....	11	—	Undulant fever.....	3	—

SWEDEN

Notifiable diseases—February 1945.—During the month of February 1945, cases of certain notifiable diseases were reported in Sweden as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	7	Poliomyelitis.....	74
Diphtheria.....	284	Scarlet fever.....	1,793
Dysentery, epidemic.....	63	Syphilis.....	138
Gonorrhoea.....	1,152	Typhoid fever.....	8
Hepatitis, epidemic.....	785	Undulant fever.....	1
Paratyphoid fever.....	5	Weill's disease.....	3

REPORTS OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER RECEIVED DURING THE CURRENT WEEK

NOTE.—Except in cases of unusual incidence, only those places are included which had not previously reported any of the above-named diseases, except yellow fever, during the current year. All reports of yellow fever are published currently.

A table showing the accumulated figures for these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday of each month.

(Few reports are available from the invaded countries of Europe and other nations in war zones.)

Plague

Basutoland.—For the week ended March 17, 1945, 4 cases of plague with 3 deaths were reported in Basutoland.

British East Africa—Kenya—Nyeri District.—On May 10, 1945, 1 fatal case of plague was reported in Nyeri District, Kenya, British East Africa. On May 15, 1945, plague infection in rodents was also reported in the same locality.

Egypt.—For the week ended April 21, 1945, 12 cases of plague were reported in Egypt.

Morocco (French).—For the period May 11–20, 1945, 32 cases of plague were reported in French Morocco.

Smallpox

British East Africa—Tanganyika.—For the week ended April 21, 1945, 1,200 cases of smallpox with 10 deaths were reported in Tan-

ganyika, British East Africa, including 1,108 cases of smallpox with 4 deaths reported in the South Highlands Province of Tanganyika.

Mexico.—For the month of March 1945, 271 cases of smallpox were reported in Mexico. States reporting the highest incidence of the disease are as follows: Guanajuato, 123 cases including 23 cases in the city of Leon; Vera Cruz, 68 cases including 18 cases in Tuxpan; Hidalgo, 26 cases; Zacatecas, 18 cases; Jalisco, 16 cases.

Nigeria.—For the week ended March 31, 1945, 195 cases of smallpox with 11 deaths were reported in Nigeria. For the week ended April 7, 1945, 198 cases of smallpox with 35 deaths were reported in the same place.

Rhodesia, Northern.—For the week ended April 28, 1945, 219 cases of smallpox with 1 death were reported in Northern Rhodesia.

Typhus Fever

Bulgaria.—For the week ended May 5, 1945, 27 cases of typhus fever were reported in Bulgaria.

Egypt.—For the week ended April 21, 1945, 922 cases of typhus fever were reported in Egypt. For the week ended April 7, 1945, 95 cases of typhus fever with 6 deaths were reported in Cairo, 32 cases with 1 death were reported in Alexandria, 2 cases in Port Said, and 1 case in Ismailiya, Egypt.

Guatemala.—For the month of April 1945, 172 cases of typhus fever with 11 deaths were reported in Guatemala. Departments reporting the highest incidence are as follows: Alta Verapaz, 46 cases, 2 deaths; El Quiche, 28 cases, 1 death; Guatemala, 26 cases; Totonicapan, 21 cases, 4 deaths; San Marcos, 17 cases, 3 deaths.

Iran.—For the week ended February 17, 1945, 68 cases of typhus fever were reported in Iran.

Iraq.—For the week ended May 26, 1945, 18 cases (including 1 case in Baghdad) of typhus fever were reported in Iraq.

Mexico.—For the month of March 1945, 299 cases of typhus fever were reported in Mexico. The States reporting the highest incidence are as follows: Federal District, 51 cases; Nuevo Leon, 41; Mexico, 37; Queretaro, 32; Hidalgo, 29; Puebla, 27.

Morocco (French).—For the week ended May 20, 1945, 215 cases of typhus fever were reported in French Morocco, including 5 cases in Casablanca, and 2 cases in Rabat.

Peru.—For the month of March 1945, 52 cases of typhus fever were reported in Peru. Departments reporting the highest incidence are as follows: Cuzco, 27 cases; Huanuco, 9 cases; Tacna, 5 cases.

Turkey.—For the week ended May 26, 1945, 61 cases of typhus fever were reported in Turkey, including 3 cases in Istanbul, 1 case in Ankara, 1 case in Samsun, and 2 cases in Zonguldak.

FEDERAL SECURITY AGENCY
UNITED STATES PUBLIC HEALTH SERVICE

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DIVISION OF PUBLIC HEALTH METHODS

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